

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004995

STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 415-53 Registrar's No. _____

FILED FEB 4 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1140

2 1140

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mansfield</u>		Length of stay in: 1b. <u>2 days</u>	c. CITY OR TOWN <u>Norwood</u>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mansfield Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RR</u>		
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Mark</u> Last <u>Mink</u>		4. DATE OF DEATH Month <u>January</u> Day <u>28</u> Year <u>1963</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-28-1888</u>		
9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Utilities</u>	11. BIRTHPLACE (City and state or country) <u>Cedar Rapids, Iowa</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John M. Mink</u>			
13b. MOTHER'S MAIDEN NAME <u>Maggie Ritchie</u>		14. NAME OF HUSBAND OR WIFE <u>Rebecca</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give war or dates of _____)] <u>No.</u>		16. SOCIAL SECURITY NO. _____			
17. INFORMANT Address <u>Mrs. Rebecca Mink, Norwood Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PNEUMONIA, LOBAR</u> DUE TO (b) <u>CEREBRAL VASCULAR ACCIDENT</u> DUE TO (c) <u>DIABETES MELLITUS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown.		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u> <u>1 MONTH</u> <u>2 YRS</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>1/25/63</u> <u>11:00</u> A <u>1/28/63</u> and last saw ^{her} _(him) alive on <u>1/28/63</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Robert L. Sample M.D.</u>		22b. ADDRESS			
22c. DATE SIGNED <u>1/30/63</u>		(State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Jan. 30, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn</u>			
23d. LOCATION (City, town, or county) <u>Springfield, Mo.</u>		(State)			
24. FUNERAL DIRECTOR ADDRESS <u>Bergman-Miller Mansfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/1/63</u>			
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

USE BLACK INK OR TYPEWRITER RIBBON

FEB 5 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Max L Miller

Licensed Embalmer No.

4720

P. O. Address

Mansfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.